Mad in America
SCIENCE, PSYCHIATRY AND SOCIAL JUSTICE

Researchers Concerned About Rise in Psychiatric Self-Diagnosing

Researchers link self-diagnosing to concept creep and express "concerns about pathologization of everyday life."

By **Peter Simons** - July 1, 2024

In a new study, researchers found that those who had broader ideas of what a psychiatric disorder includes were more likely to diagnose themselves and to want psychiatric help. They found that this was true even after accounting for distress, impairment, mental health literacy, and stigma.

Additionally, they found that younger people and those with liberal-leaning views were more likely to self-diagnose with a psychiatric condition and more likely to want psychiatric help.

> **"Self-diagnosis in the narrow sense can foster help-seeking," the researchers write, "but can also promote overdiagnosis, over-utilization of services, and maladaptive coping and loss of perceived control over one's condition."**

The study was conducted by Jesse S.Y. Tse and Nick Haslam at the University of Melbourne, and published in *SSM – Mental Health*.

The rise in psychiatric self-labeling among young people has raised concerns among researchers for its negative impacts on self-esteem, stigma, and distress.

Some have linked this self-diagnosis trend to social media, particularly TikTok, where teen girls are persuaded to identify with and glamorize rare disorders and develop eating disorders to fit in with popular content creators. This is encouraged by for-profit companies too, like Cerebral, who use TikTok to prey on teenage concerns around weight and appearance to promote their diagnosis and medication services.

In the current study, Tse and Haslam linked "concept creep" to that increase in self-diagnosis. Concept creep is when a definition balloons outward over time to encompass more and more. In the psychiatric context specifically, it includes a wider range of behaviors or feelings being considered "disorders" (horizontal creep) as well as milder forms of emotional distress becoming considered a "disorder" (vertical creep).

As an example of concept creep, the new diagnosis of "prolonged grief disorder" (PGD) has been controversial because it now defines people who still mourn their loved ones intensely after just six months to one year as "mentally ill." Beyond framing a normal part of human experience as a "mental illness," the diagnosis has also opened to door to the pharmaceutical industry, who claim that grief is an "addiction" that can be treated with addiction drugs.

According to Tse and Haslam,

> **"The specter of these effects has been raised by critics of what has been variously dubbed diagnostic inflation, medicalization, pathologization, and psychiatrization. The common thread of these criticisms is that concepts of mental disorder have swelled and spread over time, with the result that behaviors and experiences previously considered "normal" have come to be defined as pathological or disordered."**

Broad Concepts and Self-Diagnosis

Tse and Haslam were interested in how concept creep applies at the individual level—how do people perceive psychiatric disorders, and how does this affect their views of themselves? Their study included 474 people who responded to an online questionnaire. This included scales measuring horizontal and vertical concept creep. To explore what range of behaviors people believe constitute a diagnosis, the questionnaire presented different behaviors and asked participants to rate whether the person "has a mental disorder." To explore how much distress a person requires before they're believed to have a "disorder," the questionnaire described behavior at the threshold of being considered "disordered" and asked participants to answer whether the person "has a mental disorder."

In addition to these scales, the researchers asked about levels of distress and impairment, knowledge about psychiatric definitions (mental health "literacy"), and stigma. They also asked participants whether they had sought professional help or wanted to seek help, and whether they had current and lifetime self-diagnosis or professional diagnosis.

Of the 474 participants, 288 (60.76%) had diagnosed themselves at some point in their life, while 206

(43.46%) had received a professional psychiatric diagnosis. 197 (41.56%) had a current self-diagnosis, while 150 (31.65%) had a current professional psychiatric diagnosis.

Holding broad concepts, low stigma, being functionally "impaired," and high mental health literacy were all associated with receiving a professional diagnosis; level of distress was not associated with a diagnosis.

Holding broad concepts, low stigma, high mental health literacy, and high distress were all associated with self-diagnosis; functional impairment was not.

The researchers found that younger participants were more likely to have broader concepts of mental disorder; those who were younger as well as those who were more politically liberal were more likely to self-diagnose as having a mental disorder. After a statistical analysis, holding broad concepts at least partially accounted for the age and political orientation finding. This was independent of gender, race, education, and income.

Tse and Haslam write that their finding "raises important questions about the youth mental health crisis," since it may imply that youth are becoming victims to concept creep at higher rates—which could lead to iatrogenic harm due to the medicalization of the normal range of human experience.

> **"Although it may lead people to correctly identify their problems as disorders, it might also lead them to mistakenly identify subclinical or transient problems as mental disorders, with possible flow-on effects such as loss of perceived control, ineffective coping, iatrogenic illness, and unnecessary treatment," they write.**

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Tse, J. S. Y., & Haslam, N. (2024). Broad concepts of mental disorder predict self-diagnosis. *SSM – Mental Health, 6,* 100326. (Link)

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Peter Simons was an academic researcher in psychology. Now, as a science writer, he tries to provide the layperson with a view into the sometimes inscrutable world of psychiatric research. As an editor for blogs and personal stories at Mad in America, he prizes the accounts of those with lived experience of the psychiatric system and shares alternatives to the biomedical model.